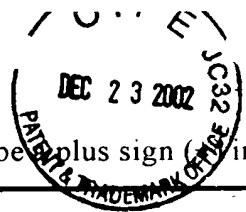


6P1731



Please type plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/880,299	
	Filing Date	6/13/01	
	First Named Inventor	N. Sakuma	
	Group Art Unit	1731	
	Examiner Name	M. Halpern	
Total Number of Pages in this Submission		Attorney Docket Number	KIN24AUSA

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**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Patent application fee determination record - Copy of currently pending claims showing changes - Copies of Office action and amendment from parent application 09/366,828 - Copy of title page and page 876 from Machinery's Handbook
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Remarks:

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	George A. Smith, Jr.		
Signature			
Date	12/18/02		

**CERTIFICATE OF MAILING**

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Approved for use through 10/31/2002. OMB 0651-0032  
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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

KIN24AUSA

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	2 minus 20 = *	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

OR

RATE	FEE
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	12	Minus	** 20 = 0
	Independent (37 CFR 1.16(b))	*	4	Minus	*** 3 = 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	8	Minus	** 20 = 0
	Independent (37 CFR 1.16(b))	*	2	Minus	*** 4 = 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

TOTAL  
ADDIT. FEE

OR

TOTAL  
ADDIT. FEE

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*		Minus	** =
	Independent (37 CFR 1.16(b))	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

TOTAL  
ADDIT. FEE

OR

TOTAL  
ADDIT. FEE

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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